

## Modified CAESAR Survey – Follow-up Questionnaire

This tool was adapted for structured bereavement follow-up based on the CAESAR framework. Family members rate experiences on a 5-point Likert scale where applicable.

1. How would you rate the overall support you and your family received while your loved one was dying?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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2. How would you rate the attention your loved one received during his/her ICU stay?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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3. How do you feel that your loved one's dignity was maintained during his/her ICU stay?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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4. Was your loved one's pain well controlled throughout his/her ICU stay?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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5. Do you feel you were given enough opportunity to discuss your loved one's wishes, as well as your own preferences with the ICU team?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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6. Were you satisfied with the communication between you and the doctors in ICU?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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7. Were you satisfied with the communication between you and the nurses in ICU?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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8. Before your loved one died, were you clearly informed that he/she was dying?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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9. Were you satisfied with the quality of medical care received by your loved one in the ICU?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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10. Did your loved one or family refuse any of the suggested medical treatments whilst in ICU? (Yes/No)

11. Do you believe the ICU team may have gone too far or used unnecessary treatments in caring for your loved one? (Select reason)

12. Were you present when your loved one died? (Yes/No)

13. Were you given sufficient time and opportunity to say goodbye and express important feelings to your loved one?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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14. Was organ donation raised as a possibility for your loved one? (Yes/No)

a. How did the possibility of donation affect you and your family?

15. What suggestions would you have as to how we might improve the care we offer to patients and families at the end-of-life?

16. Do you have any suggestions or comments on this follow-up service?

*1 – Completely Dissatisfied / 2 – Somewhat Dissatisfied / 3 – Adequate / 4 – Satisfied / 5 – Completely Satisfied*

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